ocket No.:	A0000506-01-DR

A



U

Ŋ

母的

N

Certification Under 37 C.F.R. § 1.10

I hereby certify that this correspondence and any attachments are, on the date below, being deposited with the United States Postal Service as "Express Mail Post Office to Addressee", Mailing Label No. <u>E881683613US</u> addressed to BOX PATENT APPLICATION, Commissioner for Patents, Washington, D.C. 2029. 31-6-2

Date: January 25, 2002

ure Wurchof #5

Typed/Printed Name of Person Making Certification



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

MARIA CHOVET, ET AL.

Filed:

Title:

METHOD FOR PREVENTING AND TREATING VISCERAL PAIN AND

GASTROINTESTINAL DISORDERS

BOX PATENT APPLICATION

Commissioner for Patents Washington, D.C. 20231

Transmittal of a Patent Application under 37 C.F.R. § 1.53(b)

Commissioner for Patents:

Applicant(s) request the filing under 37 C.F.R. § 1.53 of a

[X] new patent application or [] continuation-in-part application.

Attached are the following documents:

- [X] Specification and claims
- [X] Drawings, if applicable. ____1 page
- [X] Combined Declaration and Power of Attorney (UNSIGNED)
- [X] Priority of non U.S. application number 01 400 214.1, filed 26 January 2001 in Europe is claimed.
 - [] The certified copy has been filed in prior application number _____
 - [X] The certified copy is attached.

[] Information Disclosure Statement

Full Names of Inventors:

Maria Chovet

Laurent Diop

[X] Amend the specification by inserting before the first line the sentence:

--This application claims the benefit of European Patent Application No. 01 400 214.1 filed January 26, 2001--.

[] A petition for an extension of time has been filed in the prior application.

regtrans.doc

Page 1 of 2

Docket No.: <u>A0000506-01-DRK</u>

The filing fee has been calculated as follows:

The filing fee is \$740.00 plus \$18.00 for every claim over twenty, plus \$84.00 for every independent claim over three, plus \$280.00 if multiple dependent claims are presented (14 claims total, 5 independent, multiple dependent claims present).

The filing fee is <u>\$1188.00</u>.

Authorization is hereby given to charge the fee set forth above to Deposit Account No. 23-0455, and the Commissioner is hereby authorized to charge any greater amount as may be required or credit any overpayment to Deposit Account No. 23-0455.

In addition, the Commissioner is authorized to charge any payment of the following fees associated with this communication or during the pendency of this application or credit any over payment to Deposit Account No. 23-0455:

- 1. Any additional filing fees for the presentation of claims under 37 C.F.R. § 1.16; and
- 2. Any patent application processing fees under 37 C.F.R. § 1.17.

No authorization is given to charge the Issue Fee (37 C.F.R. § 1.18)

Please address all further correspondence relating to this Application to:

Name:

David R. Kurlandsky

Registration No.:

41,505

Address:

Warner-Lambert Company

2800 Plymouth Road

Ann Arbor, MI 48105

Telephone No.:

(734) 622-7304

Facsimile No.:

(734) 622-1553

Respectfully submitted

David R. Kurlandsky Registration No. 41,505

Warner-Lambert Company

2800 Plymouth Road

Ann Arbor, MI 48105

Tel. (734) 622-7304

Fax (734) 622-1553

Attachments

- [X] Specification and claims
- [X] Two additional copies of this paper
- [] Preliminary amendment (CIP)
- [X] Drawings
- [X] Oath/declaration (<u>UNSIGNED</u>)
- [X] Certified copy of non U.S. priority document
- [X] Return postcard